

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: _____		2 Serial/Patent 11525499																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 15%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$			
	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																		
	Amendment			\$																																																		
	Extension of Time			\$																																																		
	Notice of Appeal/Appeal			\$																																																		
	Petition			\$																																																		
	Issue			\$																																																		
	Cert of Correction/Terminal Disc.			\$																																																		
	Maintenance			\$																																																		
	Assignment			\$																																																		
	Other			\$																																																		
10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="width: 5%;">9</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">--</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>				Treasury Check		Credit Deposit A/C #:	9			--																																				
	Overpayment																																																					
	Duplicate Payment																																																					
	No Fee Due (Explanation):																																																					
	Treasury Check																																																					
	Credit Deposit A/C #:																																																					
9			--																																																			
11 REFUND REQUESTED BY: _____																																																						
TYPED/PRINTED NAME: _____ <div style="float: right; text-align: right; font-size: small;"> TITLE: _____ Repln. Ref: 07/11/2005 DKIDWFLI 0022282100 DOB: 080750 Name/Number: 10525442 PHONE: _____ \$500.00 CR FC: 9284 </div>																																																						
SIGNATURE: _____																																																						
OFFICE: _____																																																						

THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																						
APPROVED: _____ DATE: _____																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: